

**BOARD OF PRIVATE SECURITY PATROL OFFICERS & INVESTIGATORS**

301 South Park, Room 430  
P. O. Box 200513  
Helena, Montana 59620-0513  
(406) 841-2348 FAX (406) 841-2309  
EMAIL: [dlibsdp@mt.gov](mailto:dlibsdp@mt.gov)  
WEB SITE: [www.privatesecurity.mt.gov](http://www.privatesecurity.mt.gov)

**APPLICATION PROCESS FOR LICENSURE**

Please allow 7 days to process a complete application from the time it is received in the board office. If application is incomplete, it will take more time.

**LICENSURE REGISTRATION TYPES:**

<b>(EPI)</b>	Contract Security Company
<b>(PSO)</b>	Proprietary Security Organization
<b>(ELS)</b>	Electronic Security Company

**LICENSING REQUIREMENTS:**

- Must be registered with the Montana Secretary of State
- If Individual ownership, must provide name and address of owner; or
- If Partnership, must provide a list of partners and their addresses; or
- If Corporation, must provide a list of principal officers and their addresses.
- Must provide proof of insurance in amount of \$500,000 occurrence form.
  - If EPI or PSO, must be commercial general liability which includes personal injury.
  - If ELS, must be commercial general liability which includes personal injury and errors and omissions.
- Must provide copy of release requesting the insurance carrier to notify Board if insurance is cancelled or allowed to lapse.
- If employees are armed, must provide proof of armed liability coverage.

**FEES FOR LICENSURE:**

- |                                     |           |
|-------------------------------------|-----------|
| • Contract Security Company         | \$ 200.00 |
| • Proprietary Security Organization | \$ 200.00 |
| • Electronic Security Company       | \$ 200.00 |

- **Make check or money order payable to the Montana Board of Private Security**
- **DO NOT SEND CASH**

**APPLICATION PROCEDURES AND SUPPORTING DOCUMENTS:** The following information and/or documentation are required. A license will not be issued until all materials are received and approved.

1. Completed application form and fees.
2. Proof of registration with the Montana Secretary of State.
3. Proof of insurance per 8.50.431 (24.182.405), and if employees are armed, must provide proof of armed liability coverage.
4. Copy of release requesting the insurance carrier inform the Board if the coverage is cancelled or allowed to lapse.
5. Copy of curriculum and/or standards for training courses.
6. Photograph of uniform (all four sides) for Board approval.

**PLEASE BE SURE TO REVIEW AND DISTRIBUTE TO YOUR EMPLOYEES THE MONTANA LAWS AND ADMINISTRATIVE RULES SPECIFIC TO THE BOARD OF PRIVATE SECURITY PATROL OFFICERS & INVESTIGATORS ON OUR WEBSITE:**

[www.privatesecurity.mt.gov](http://www.privatesecurity.mt.gov)

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For Office Use Only

License # \_\_\_\_\_

Date Issued \_\_\_\_\_

**Application for Licensure as:**

☐ Contract Security Company      ☐ Proprietary Security Organization      ☐ Electronic Security Company

Type of Business: ☐ Individual      ☐ Partnership      ☐ Corporation

1. NAME OF COMPANY \_\_\_\_\_

2. STATE OF INCORPORATION \_\_\_\_\_

3. COMPANY CORPORATE ADDRESS \_\_\_\_\_

Street and PO Box

City/State

Zip

4. MONTANA ADDRESS (if different than corporate) \_\_\_\_\_

Street and PO Box

City/State

Zip

5. TELEPHONE: (    )                      (    )                      (    )  
Company                      Resident Manager                      Fax

6. EIN OR SSN \_\_\_\_\_

7. LIST INFORMATION FOR OWNER, PARTNERS, OR OFFICERS. IF INDIVIDUAL, LIST THE OWNER; IF A PARTNERSHIP, LIST THE PARTNERS; OR IF A CORPORATION, LIST THE PRINCIPAL OFFICERS.

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS & PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS & PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS & PHONE: \_\_\_\_\_

8. CORPORATE NAME AND ADDRESS, IF DIFFERENT FROM ITEM 1 OF THIS APPLICATION:

\_\_\_\_\_  
\_\_\_\_\_

9. HAVE ARTICLES OF INCORPORATION BEEN FILED WITH THE MONTANA SECRETARY OF STATE OFFICE?

☐ YES

☐ NO

10. HAS THE COMPANY NAME BEEN REGISTERED WITH THE MONTANA SECRETARY OF STATE OFFICE?

☐ YES

☐ NO

**AFFIDAVIT**

If an individual application, the owner must sign; if a partnership, all partners, not to exceed three, must sign; if a corporation, the person authorized to sign on behalf of the corporation must sign.

I/We hereby declare under penalty of perjury the information included in this application to be true and complete to the best of my/our knowledge. In signing this application, I/We are aware that a false statement or evasive answer to any question may lead to denial of the application or subsequent revocation of licensure on ethical grounds. I/We have read and are familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I/We accept the rules and procedures outlined in these documents as the basis for the application.

I/We hereby declare that if a Montana private security company license is issued, I/we agree to conduct business in accordance with the laws of Montana and the rules of the Board of Private Security Patrol Officers and Investigators.

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Legal Signature of Applicant

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Dated

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Legal Signature of Applicant

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Dated

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Legal Signature of Applicant

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Dated

Subscribed and sworn to by me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at

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City/State

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Notary Public

SEAL

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For the State of

My commission expires \_\_\_\_\_, \_\_\_\_\_.